



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Steven L. Beshear**  
Governor

275 E. Main Street, 6W-A  
Frankfort, KY 40621  
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**Janie Miller**  
Secretary

**Elizabeth A. Johnson**  
Commissioner

April 3, 2009

**TO:** Durable Medical Equipment (90) Provider Letter A-35

**RE: Medicare Accreditation**

Dear Kentucky Medicaid Provider:

This notification is to remind you of the regulatory requirement in 907 KAR 1:479 Section 9 (1) that states a participating DME provider shall have an active Medicare DME provider number and adhere to all CMS supplier standards in accordance with 42 C.F.R. 424.57.

As of October 1, 2009, Medicare will revoke the Part B supplier numbers for those suppliers, subject to accreditation, who did not obtain accreditation by September 30, 2009. To determine if you are subject to accreditation, please access the CMS website and reference DME accreditation.

Due to this action by CMS and in order to meet regulatory requirements, KY Medicaid is requesting that DME providers who are subject to accreditation submit a copy of their accreditation certificate and a copy of your most current letter from CMS showing your supplier number to the department no later than October 1, 2009. Please include your Medicaid provider number when it is submitted.

For DME providers not subject to accreditation, please submit a copy of your most current letter from CMS showing your supplier number to the department no later than October 1, 2009. Please include your Medicaid provider number when it is submitted.

Please submit the requested documentation to:

KY Medicaid  
P.O. Box 2110  
Frankfort, KY40602

Failure to provide the requested information may result in disenrollment by KY Medicaid.

If you have questions or concerns, please contact the Division of Provider Operations at 502-564-2687.

Sincerely,

Elizabeth A. Johnson  
Commissioner

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